

School-Based Mental Health Professional USE OF TIME

SUMMARY REPORT 2022-23

Introduction

Based on [KRS 158.4416, \(3\)\(e\)](#), “No later than November 1, 2022, and each subsequent year, the local school district superintendent shall report to the department the number of school based mental health service providers, the position held, placement in the district, certification or licensure held, the source of funding for each position, a summary of the job duties and work undertaken by each school-based mental health service provider, and the approximate percent of time devoted to each duty over the course of the year.”

[KRS 158.4416 \(3\)\(f\)](#) goes further to say, “The department shall annually compile and maintain a list of school-based mental health service providers by district which shall include the information required in paragraph (e) of this subsection. (g) No later than June 1, 2023, and each subsequent year, the department shall provide the Interim Joint Committee on Education with the information reported by local school district superintendents and compiled in accordance with paragraph (f) of this subsection”

[KRS 158.4416](#) says, "School-based mental health services provider" means a licensed or certified school counselor, school psychologist, school social worker, or other qualified mental health professional as defined in KRS 202A.011.”

This report provides an overview of the aforementioned data from the 2022-23 school year.

About the Data

The Kentucky Department of Education conducted a survey of school-based mental health service providers from across the state. The survey asked providers to share:

- the percent of time they spent at a particular school, including grade levels served,
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- their certification/licensure area(s) and position held,
- the percent of time spent on various duties/activities, including but not limited to: consulting, collaborating, planning for services, parent involvement, conducting training, counseling, assessing students, assisting with resources, serving on school level committees, etc.

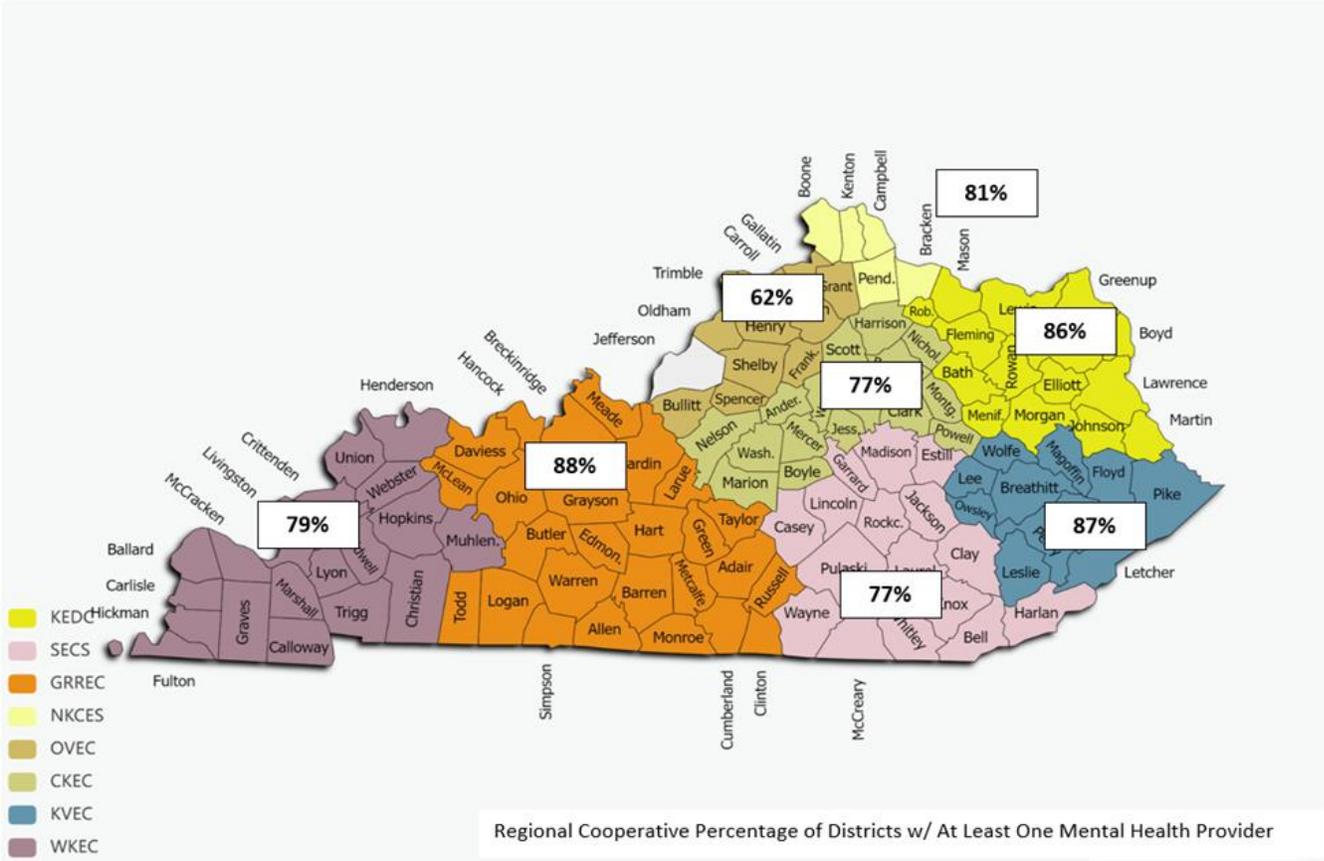
Responses were removed from the data set if there were major issues with reporting. Valid responses were collected from 143 districts of the 171 (excludes Craft Academy and Kentucky Tech Systems) school districts across the state. This data revealed that 82% of districts reported having at least one school-based mental health service provider. It is important to note that 943 individual school-based mental health service providers were represented in the 143 districts. These 943 providers produced 1,741 valid responses as many of these providers serve more than one school. No outside agencies or community-based provider responses are included in this data, as the survey only addresses those school-based mental health services providers hired by the district.

Next, you will see a breakdown of the 1,741 valid responses received this year:

- 3% from early childhood centers,
- 51% from elementary schools,
- 18% from middle schools,
- 22% from high schools,
- 2% gave no response, and
- the remaining 4% served multiple sites or grade levels.

The responses were collected from a geographically diverse subset of school-based mental health service providers. Every cooperative is represented in the data. The 2022 data showed seven out of the eight cooperatives having at least one school-based mental health service provider in at least 75% of its districts. The table below and corresponding map below show the number of responses by cooperative and the percent of member districts that responded within each cooperative.

Regional Cooperative	Count of Valid Responses	2022 % of Districts Reporting having @ lease one M.H. Provider
CKEC	166	77%
GRREC	271	88%
KEDC	95	86%
KVEC	88	87%
NKCES	213	81%
OVEC	139	62%
SESC	217	77%
WKEC	114	79%
JCPS	435	NA
Model Lab	2	NA
KY School for the Blind	1	NA
KY School for the Deaf	NA	NA



Findings

School Allocations

School-based mental health service providers may serve one or many schools, depending on the number of students within a school building and the district’s resources. In this survey, 65% of School-based mental health service providers reported that they spent their time at one building and 35% worked with multiple sites.

How do mental health providers use their time?

The mean value of the reported use of time by mental health providers is shown in the following table. By using the mean, we can see how these providers “typically” spend their time.

Task	Percent Time
Assisting in a crisis situation	6.69
Behavior Intervention Plans	4.46
Collaborating with Counselors	8.23
Comprehensive school counseling program	1.76
Consult Stakeholders	14.88
Coordinate Risk Assessments with Hospitals	1.67
Coordinating small group counseling	3.57
Individual counseling	31.93
Participating in transition meetings	2.09
Referral resources to families	6.16
Safety Plans	2.92
Serving on School based teams	7.00
Teaching large group classes	2.08
Trainings for school families	1.49
Trainings for school staff	5.78

The majority of school-based mental health service providers’ time was spent with individual students, followed by consulting with stakeholders on behalf of students. Time spent on the other activities listed in the survey varied between 2 and 8%.

Use of Time by Regional Educational Cooperative

In order to examine the differences between regional educational cooperatives, the surveyed activities were grouped by similarities. The pattern of school-based mental health service providers' use of time is generally consistent across regions. **For the following tables the values represent the percent time spent on the indicated task.**

Cooperative	Safety Plans	Behavior Intervention Plans
CKEC	2.76	7.00
GRREC	2.36	2.90
Jefferson	2.66	3.37
KEDC	2.99	2.94
KVEC	4.12	5.73
Model	0.00	0.00
NKCES	2.74	3.12
OVEC	3.38	2.10
SESC	2.94	8.78
WKEC	3.92	3.85

Cooperative	Collaborating with Counselors	Consulting with Stakeholders	Coordinate Risk Assessments with Hospitals
CKEC	4.65	11.57	3.26
GRREC	10.64	11.49	1.17
Jefferson	9.02	20.62	1.27
KEDC	9.55	5.32	1.83
KVEC	6.54	3.57	1.03
Model	10.00	50.00	5.00
NKCES	8.93	11.63	0.70
OVEC	8.46	32.84	2.06
SESC	6.61	13.82	2.23
WKEC	7.44	5.16	1.70

Cooperative	Assisting in Crisis
CKEC	3.81
GRREC	6.58
Jefferson	8.54
KEDC	8.63
KVEC	6.74
Model	5.00
NKCES	5.61
OVEC	7.34
SESC	6.76
WKEC	5.31

Cooperative	Comprehensive school counseling program	Coordinating small group counseling	Individual counseling	Teaching large group classes
CKEC	5.13	6.13	17.64	2.03
GRREC	0.86	2.49	25.90	1.82
Jefferson	1.29	5.37	28.19	2.13
KEDC	1.83	1.20	36.52	0.39
KVEC	0.80	1.14	58.13	0.21
Model	0.00	0.00	0.00	0.00
NKCES	2.42	6.27	39.59	4.76
OVEC	1.88	2.99	20.86	1.71
SESC	0.78	1.43	32.52	0.55
WKEC	0.99	2.93	47.35	4.22

Cooperative	Participating in transition meetings
CKEC	2.206
GRREC	2.463
Jefferson	1.051
KEDC	1.882
KVEC	2.068
Model	5.000
NKCES	2.016
OVEC	1.638
SESC	3.507
WKEC	1.548

Cooperative	Referral resources to families	Trainings for school families	Trainings for school staff
CKEC	5.88	0.95	22.31
GRREC	3.62	0.59	2.17
Jefferson	11.85	3.13	7.72
KEDC	3.87	0.34	1.18
KVEC	8.77	2.11	3.83
Model	5.00	0.00	0.00
NKCES	4.98	0.77	2.24
OVEC	3.93	1.12	2.94
SESC	4.33	1.16	2.21
WKEC	3.23	2.62	5.13

Cooperative	Serving on School based teams
CKEC	6.60
GRREC	5.28
Jefferson	9.29
KEDC	4.97
KVEC	2.87
Model	20.00
NKCES	6.39
OVEC	7.23
SESC	8.97
WKEC	4.18

Use of Time by Grade Level

Activities with similar duties or topics were grouped into broad categories in order to see how time was divided by grade level. As with the case by cooperative, the use of time by grade level follows a generally consistent pattern. For the following tables the values represent the percent time spent on the indicated task.

Percent Time	Early Childhood	Elementary	Middle	High	Combined	All	NA
Assisting in a crisis situation	8.41	6.34	6.50	7.30	7.30	19.14	12.93
Behavior Intervention Plans	4.54	4.89	4.37	4.43	3.00	7.06	1.33
Collaborating with Counselors	9.10	8.44	8.71	8.91	4.80	14.50	13.06
Comprehensive school counseling program	0.72	1.57	1.46	1.16	1.80	1.81	2.35
Consult Stakeholders	13.88	16.13	12.78	13.05	1.90	28.30	20.39
Coordinate Risk Assessments with Hospitals	1.54	1.62	1.80	1.99	4.00	1.35	1.74
Coordinating small group counseling	2.67	3.17	2.14	2.63	8.38	5.00	1.78
Individual counseling	22.64	29.43	34.39	34.77	45.10	27.88	23.18
Participating in transition meetings	2.07	2.02	2.56	2.86	2.10	2.79	1.39
Referral resources to families	3.97	6.52	4.39	4.90	8.50	8.47	6.17
Safety Plans	3.29	3.04	3.33	3.38	2.70	4.68	1.85
Serving on School based teams	6.11	7.14	6.54	6.18	2.88	12.89	7.33
Teaching large group classes	2.69	2.01	1.20	1.15	0.40	2.65	0.51
Trainings for school families	2.24	1.46	1.23	1.26	1.38	3.12	1.38
Trainings for school staff	6.15	5.75	4.37	3.90	8.30	18.43	3.40

Grade Level	Behavior Intervention Plans	Safety Plans
Early Childhood	4.54	3.29
Elementary	4.89	3.04
Middle	4.37	3.33
High	4.43	3.38
Combined	3.00	2.70
All	7.06	4.68
NA	1.33	1.85

Grade Level	Collaborating With Counselors	Consult Stakeholders	Coordinate Risk Assessments with Hospitals
Early Childhood	9.10	13.88	1.54
Elementary	8.44	16.13	1.62
Middle	8.71	12.78	1.80
High	8.91	13.05	1.99
Combined	4.80	1.90	4.00
All	14.50	28.30	1.35
NA	13.06	20.39	1.74

Grade Level	Assisting in a crisis situation
Early Childhood	8.41
Elementary	6.34
Middle	6.50
High	7.30
Combined	7.30
All	19.14
NA	12.93

Grade Level	Comprehensive school counseling program	Coordinating small group counseling	Individual counseling	Teaching large group classes
Early Childhood	0.72	2.67	22.64	2.69
Elementary	1.57	3.17	29.43	2.01
Middle	1.46	2.14	34.39	1.20
High	1.16	2.63	34.77	1.15
Combined	1.80	8.38	45.10	0.40
All	1.81	5.00	27.88	2.65
NA	2.35	1.78	23.18	0.51

Grade Level	Participating in transition meetings
Early Childhood	2.07
Elementary	2.02
Middle	2.56
High	2.86
Combined	2.10
All	2.79
NA	1.39

Grade Level	Referral resources to families	Trainings for school families	Trainings for school staff
Early Childhood	3.97	2.24	6.15
Elementary	6.52	1.46	5.75
Middle	4.39	1.23	4.37
High	4.90	1.26	3.90
Combined	8.50	1.38	8.30
All	8.47	3.12	18.43
NA	6.17	1.38	3.40

Grade Level	Serving on School based teams
Early Childhood	6.11
Elementary	7.14
Middle	6.54
High	6.18
Combined	2.88
All	12.89
NA	7.33

Use of Time by Position in School

School-based mental health service providers occupied a number of different positions within schools and districts. Most respondents identified as, School Social Workers (n = 311), School Psychologists (n = 530), and Other Qualified Mental Health Professionals (n = 802). Most of the survey participants that selected Other Qualified Mental Health Professionals indicated that they had a degree or certification in counseling, psychology, or social work.

Position	Behavior Intervention Plans	Safety Plans
School psychologist	8.113	1.960
School social worker	1.316	2.818
Other qualified MHP	3.457	3.376

Position	Collaborating with Counselors	Consult Stakeholders	Coordinate Risk Assessments with Hospitals
School psychologist	11.26	27.07	0.66
School social worker	5.31	23.09	1.60
Other qualified MHP	8.02	5.00	1.86

Position	Assisting in a Crisis Situation
School psychologist	5.41
School social worker	7.02
Other qualified MHP	7.69

School social workers and school psychologists spent more time consulting on behalf of students than other qualified school-based mental health service providers.

Position	Comprehensive school counseling program	Coordinating small group counseling	Individual counseling	Teaching large group classes
School psychologist	0.56	1.04	8.12	0.35
School social worker	1.45	2.68	24.00	1.42
Other qualified MHP	1.74	5.11	47.72	2.73

“Other qualified school-based mental health service providers” spent the most time with individual counseling, followed by school social workers.

Position	Participating in transition meetings
Other qualified MHP	2.08
School psychologist	2.05
School social worker	2.03

Position	Referral resources to families	Trainings for school families	Trainings for school staff
School psychologist	3.69	0.81	6.18
School social worker	12.81	2.17	3.98
Other qualified MHP	4.71	1.22	2.04

School social workers spent more time providing referral resources to families than school psychologists and other qualified school-based mental health service providers.

Position	Serving on School based teams
School psychologist	11.14
School social worker	7.45
Other qualified MHP	4.25

School psychologists spent more time serving on school-based teams than school social workers, and other qualified school-based mental health service providers.

Next Steps to Consider for District and School Leaders:

- 1) Examine your school/district school-based mental health providers and their roles. According to their state and national recommendations, do their daily activities match the recommendations and the amount of students on their caseloads? An example of this is from the School Social Work Association of America who offers the following recommendation in their National Association of Social Workers ([NASW Standards for school social workers](#)): “School social work services should be provided at a ratio of one school social worker to each school building serving up to 250 general education students, or a ratio of 1:250 students. When a school social worker is providing services to students with intensive needs, a lower ratio, such as 1:50, is suggested.”
- 2) Reflect on the following questions?
 - a) What funding is being used to allocate school-based mental health professionals? This may include state, federal, Elementary and Secondary School Emergency Relief Fund (ESSER), and/or special education.
 - b) Does their training match the services they are offering the school/district?
 - c) What is the collaboration between school-based mental health professionals and school counselors to enhance services for ALL students?
 - d) What barriers are preventing access to school-based mental health service providers and what can we do to remove these barriers?
 - e) How are we including the school-based mental health service providers?
 - f) Consider the role of school psychologists within the school and/or district. Are they primarily providing services related to special education versus providing direct services for individual students and/or small groups? What conversations may need to be considered about their role in serving with district leadership?